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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Owner- E.T. Hegg Harvey Leatherman DATE Mar 6, 1990 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 150 W TL Paradise Peninsula .8 mi TR Hogan Lane 2nd House on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil —

Percolation Rate —

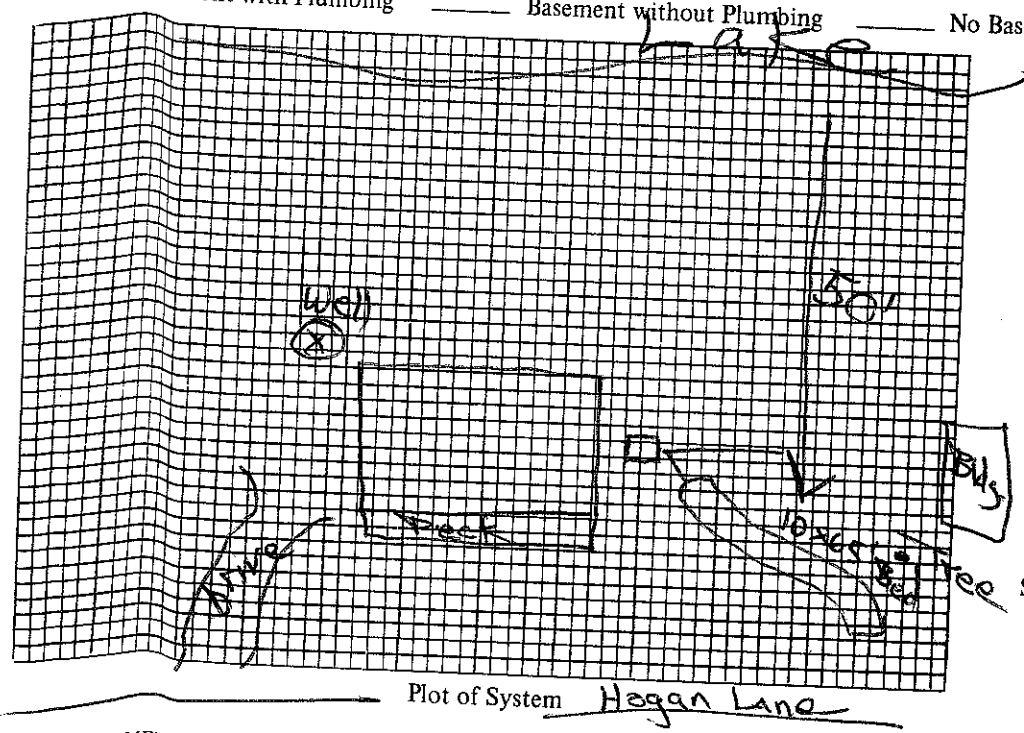
Topography —

Depth to Water Table —

Rock or other impervious formations —

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Hogan Lane

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1 10'x65'

Sq. Ft. 650 Linear Ft. 65

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by Harvey Leatherman

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS

EXISTING SYSTEM CHECKED BY: _____ DATE Mar 6, 1990

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. _____ DATE _____

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold